

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L58623

Entity Name: CEMS CONSULTANTS, INC.

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

568 W SILVER STAR EXTENSION
OCOE, FL 347612062 US

New Principal Place of Business:

Current Mailing Address:

568 W SILVER STAR EXTENSION
OCOE, FL 347612062 US

New Mailing Address:

P.O. BOX 120639
CLERMONT, FL 34712 US

FEI Number: 59-2995732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLACKHAM, MARY ANN
568 W SILVER STAR EXTENSION
OCOE, FL 34761 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BLACKHAM, MARY ANN
Address: 12538 LAKESHORE DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: VS () Delete
Name: BLACKHAM, WILLIAM J
Address: 12538 LAKESHORE DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: V () Delete
Name: BLACKHAM, WILLIAM H
Address: 10226 JOANIES RUN
City-St-Zip: LEESBURG, FL US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BLACKHAM, MARY ANN
Address: P.O. BOX 120639
City-St-Zip: CLERMONT, FL 34712 US

Title: VS (X) Change () Addition
Name: BLACKHAM, WILLIAM J
Address: P.O. BOX 120639
City-St-Zip: CLERMONT, FL 34712 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN BLACKHAM

DPT

04/15/2008

Electronic Signature of Signing Officer or Director

Date